

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000045612

1. Entity Name
ATLANTIC COAST MEDICAL CENTER, INC.



FILED
Apr 21, 2004 08:00 AM
Secretary of State

Principal Place of Business
**2500 E. HALLANDALE BEACH BLVD
SUITE QR
HALLANDALE, FL 33009 US**

Mailing Address
**2500 E. HALLANDALE BEACH BLVD
SUITE QR
HALLANDALE, FL 33009 US**



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0593893** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000122238
04-21/04-80021-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEZRA, CLIFFORD 2500 E. HALLANDALE BEACH BLVD SUITE Q,R HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

Daytime Phone #